

S0215 - M58

EXHIBIT 2

CONFIDENTIAL

S0215 - M59

CVS/caremark**Invoice Summary**

CNC MEDICAID TRADITIONAL- BUCKEYE MEDICA

ATTN: GENERAL A/P INBOX

Invoice Number: 52295567

AR Number: 5434

Invoice Group:

Customer Code: A5434

Invoice Date: 09/16/2018

Period Covered: 09/08 - 09/15

Payment Due On: 09/22/2018

Remit To:

CVS/caremark
 Bank of America
 ACH/EFT ABA# 121000358
 Bank Account # 12330-09797
 Wire ABA #026009593
 PLEASE INDICATE CUSTOMER CODE ON PAYMENT

CLAIMS	Quantity	Cost	Copay	Amount Due
RETAIL	103,023	4,744,876.04	0.00	4,744,876.04
PAPER	2	91.98	0.00	91.98
SPECIALTY PHARMACY	757	2,378,956.77	0.00	2,378,956.77
SUBTOTAL				7,123,924.79

MISCELLANEOUS	Quantity	Rate	Amount Due
CREDIT-RETAIL	(102,142)	(1.25)	(127,677.50)
SUBTOTAL			(127,677.50)

INVOICE TOTAL	6,996,247.29
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IF YOU HAVE ANY QUESTIONS PLEASE CALL Cherie Fromm AT 972-619-8163
cherie.wesling-fromm@caremark.com

To the extent required, you agree to fully and accurately disclose and report any discount received from us, whether reflected in the above charges or otherwise provided to you, as a discount against the price of the drugs in any reporting to government health care programs.